

Prepared by and return to:
O'Brien Law Firm, LLC
1630 Goodman Road East, Suite 5
Southaven, MS 38671
(662) 349-3339
File No. 20050206

Joseph E. Ward,
Grantor

TO

WARRANTY DEED

Embry C. Mosley and wife,
Stephanie Mosley
Grantees

For and in consideration of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, the undersigned, Joseph E. Ward, does hereby sell, convey and warrant unto Embry C. Mosley and wife, Stephanie Mosley, as tenants by the entirety with full rights of survivorship and not as tenants in common, the following described real property located and situated in DeSoto County, Mississippi, and more particularly described as follows, to-wit:

See Attached legal description as Exhibit "A":

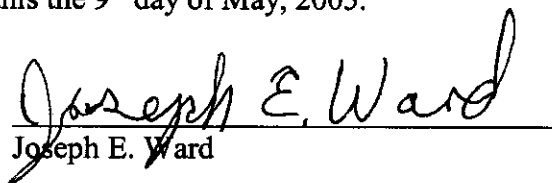
By way of explanation Gail B. Ward died on May 1, 1997 leaving Joseph E. Ward the surviving tenant by the entirety with full right of survivorship.

The warranty in this deed is subject to restrictive covenants and utility easements shown on plat of said subdivision, subdivision and zoning regulations in effect in DeSoto County, Mississippi, rights of ways and easements for public roads and public utilities and all applicable building restrictions and easements of record, Health Department regulations in effect in DeSoto County, Mississippi, and any prior reservation of minerals of every kind and character, including, but not limited to, oil, gas, sand and gravel, in, on and under the aforescribed real property.

Possession will be given upon delivery of this deed.

Taxes for the year 2005 will be prorated between the Grantor and Grantees.

WITNESS THE SIGNATURE of the Grantor this the 9th day of May, 2005.


Joseph E. Ward

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said County and State aforesaid, on this 9th day of May, 2005, within my jurisdiction, the within named, Joseph E. Ward, who acknowledged that he executed the above instrument for the purposes described therein.

Ashleigh R. Lester
Notary Public

My commission expires: ^{MISSISSIPPI STATEWIDE NOTARY PUBLIC}
~~BONDED THRU STATE CALL NOTARY SERVICE~~ MY COMMISSION EXPIRES SEPT. 12, 2008

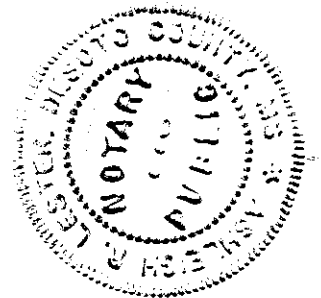
Grantor's Address

5055 Echo Lane, Apt 103

Southaven, MS 38671

Home: 662-393-3686

Work: N/A



Grantee's Address

1701 Baker Rd.

Lake Cormorant, MS 38641

Home: 781-90-96

Work: 662-404-0747 cell

Exhibit "A"

LEGAL DESCRIPTION OF A PORTION OF THE WARD PROPERTY

~~BEGINNING AT A POINT THAT IS 1452.7 FEET SOUTH (CALLED) AND 105.6 FEET EAST (CALLED) FROM THE NORTHEAST CORNER OF THE NORTHWEST QUARTER OF SECTION 27, TOWNSHIP 2 SOUTH, RANGE 9 WEST, SAID POINT BEING ON THE WEST EDGE OF BAKER ROAD; THENCE S09°19'26"E ALONG BAKER ROAD A DISTANCE OF 70.27 FEET TO A POINT; THENCE CONTINUING ALONG BAKER ROAD S01°30'34"E A DISTANCE OF 138.87 FEET TO A POINT; THENCE LEAVING BAKER ROAD S85°40'34"W A DISTANCE OF 308.90 FEET TO A POINT; THENCE N04°19'26"W A DISTANCE OF 208.71 FEET TO A POINT; THENCE N85°40'34"E A DISTANCE OF 309.51 FEET TO THE POINT OF BEGINNING, CONTAINING 1.50 ACRES, MORE OR LESS.~~

THIS DESCRIPTION WRITTEN FROM A SURVEY DATED JULY 29, 2003 BY JONES-DAVIS & ASSOCIATES, INC.

INDEXING INSTRUCTIONS: THE NORTHEAST AND NORTHWEST QUARTERS OF SECTION 27, TOWNSHIP 2 SOUTH, RANGE 9 WEST.

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

BK 499 PG 325

PRINT
PERMANENT
INK
OR
REPRODUCTION
BOOK

1. DECEDENT'S NAME (First, Middle, Last) GAIL BRADEN WARD				2. SEX FEMALE		3. DATE OF DEATH (Month, Day, Year) MAY 1, 1997	
4. SOCIAL SECURITY NUMBER (of Decedent) 409-60-1579		5a. AGE-LAST BIRTHDAY (Years) 58		5b. UNDER 1 YEAR MO. DAYS HOURS MIN.		5c. UNDER 1 DAY HOURS MIN.	
6. DATE OF BIRTH (Month, Day, Year) FEB. 27, 1939				7. BIRTHPLACE (City and State or Foreign Country) LUNNVILLE, TN.			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No				9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) BAPTIST EAST HOSPITAL				9c. CITY, TOWN, OR LOCATION OF DEATH MEMPHIS		9d. COUNTY OF DEATH SHELBY	
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) JOSEPH E. WARD		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) HOMEMAKER		12b. KIND OF BUSINESS/INDUSTRY HOME	
13a. RESIDENCE-STATE MS		13b. COUNTY DESOTO		13c. CITY, TOWN OR LOCATION LAKE CORMORANT		13d. STREET AND NUMBER OR RURAL LOCATION 1701 BAKER RD.	
13e. INSIDE CITY LIMITS? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		13f. ZIP CODE 38641		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE-American Indian, Black, White, etc. (Specify) WHITE	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11 College (1-4 or 5-)							
17. FATHER'S NAME (First, Middle, Last) WILLIAM FRANCES BRADEN				18. MOTHER'S NAME (First, Middle, Maiden Surname) MILDRED BEARDEN			
19a. INFORMANT'S NAME (Type/Print) JOSEPH E. WARD				19b. RELATIONSHIP TO DECEASED SPOUSE		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1701 BAKER RD. LAKE CORMORANT, MS. 38641	
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) FOREST HILL SOUTH CEMETERY		20c. LOCATION-City or Town, State MEMPHIS, TN.	
21a. SIGNATURE OF FUNERAL DIRECTOR PAUL MEEKS				21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4736		21c. SIGNATURE OF EMBALMER G. DAVID KELLER	
21d. LICENSE NUMBER OF EMBALMER 4327							
22a. NAME AND ADDRESS OF FUNERAL HOME FOREST HILL FUNERAL HOME 2545 E. HOLMES RD. MEMPHIS, TN. 38118						22b. LICENSE NUMBER OF FUNERAL HOME 920	
23. REGISTRAR'S SIGNATURE <i>Mary Ann Bradshaw</i> Deputy						24. DATE FILED (Month, Day, Year) MAY 13 1997	
25a. PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>Lee Schwartzberg</i>							
25b. LICENSE NUMBER MD17969						25c. DATE SIGNED (Month, Day, Year) 5/6/97	
26a. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER							
26b. LICENSE NUMBER							
26c. DATE SIGNED (Month, Day, Year)							
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) DR. LEE SCHWARTZBERG 1775 MORIAH WOODS BLVD. MEMPHIS, TN. 38117							
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <i>Metastatic Colon Cancer</i> DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): Approximate Interval Between Onset and Death <i>2 years</i>							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							
29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No						29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	
30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	
31d. DESCRIBE HOW INJURY OCCURRED				31e. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify)			
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							

BIRTH NO.

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-914 JEFFERSON AVE., MEMPHIS, TENNESSEE
THIS IS TO CERTIFY that this is a true and correct copy of the record filed with
the Tennessee Vital Records by the Memphis & Shelby County Health Department.

SEAL

Date Issued MAY 21 1997

by Glenn D. Fouse
Glenn D. Fouse, Registrar
Vital Records Section